

CONFIDENTIAL
Program ID: 2604122156 Program Name: Hamot Medical Center
For All Attendings at All Institutes
Lisa A. Brown
For All Resident Years For All Patients
For All CPTs in All Areas and All Types
Done Between 7-1-2002 And 6-30-2003

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	0	0	0	10	1	1	0	0	5	0	17
Humerus/ Elbow	1	2	0	3	4	0	0	0	0	0	10
Forearm/ Wrist	69	15	6	16	12	0	0	2	11	3	134
Hand Fingers	16	18	3	14	5	0	8	2	N/A	1	67
Pelvis/ Hip	1	0	0	26	10	0	0	0	N/A	0	37
Femur/ Knee	1	2	1	47	3	2	0	0	38	2	96
Leg/ Ankle	0	0	0	1	5	0	0	0	0	1	7
Foot/ Toes	0	1	0	0	0	0	0	1	N/A	0	2
Other Musculoskeletal	0	0	0	0	0	0	0	0	0	0	0
Column Total	88	38	10	117	40	3	8	5	54	7	370

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Manipulation	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total
Integumentary System	10	0	0	1	0	11

Table 5	Misc.
Misc.	0

Table 4	Neuroplasty	Transsection or Avulsion	Incision/ Excision	Neurorhaphy	Other	Nerve Total
Nervous System	9	0	2	2	0	13

Oncology Patients 0Procedures Involving Microsurgery: 0Total Tables 394
(1, 2, 3, 4, & 5)

CONFIDENTIAL
Orthopaedic Resident Record Report

Program ID: 2604122156 Program Name: Hamot Medical Center

For All Attendings at All Institutes

Lisa A. Brown

For All Resident Years For All Patients

For All CPTs in All Areas and All Types

Done Between 7-1-2003 And 4-22-2004

Resident Name: Brown, Lisa A.			Current Year: 3	
Procedure	Attending	Institution	CPT	CPT
Date	Initials	Name	Code	Description
07/02/2003	MC	Hamot Medical Center	26037	Decompress fingers/hand
07/07/2003	NS	Hamot Medical Center	25575	Treat fracture radius/ulna
07/08/2003	MC	Hamot Medical Center	26951	Amputation of finger/thumb
07/08/2003	NS	Hamot Medical Center	27506	Treatment of thigh fracture
07/12/2003	MDS	Hamot Medical Center	27536	Treat knee fracture
07/12/2003	MDS	Hamot Medical Center	27236	Treat thigh fracture
07/12/2003	NS	Hamot Medical Center	27487	Revise/replace knee joint
07/17/2003	GJC	Hamot Medical Center	27125	Partial hip replacement
07/17/2003	GJC	Hamot Medical Center	27125	Partial hip replacement
07/22/2003	DMB	Hamot Medical Center	27125	Partial hip replacement
07/27/2003	DW	Hamot Medical Center	25575	Treat fracture radius/ulna
07/27/2003	DW	Hamot Medical Center	11041	Debride skin, full
07/28/2003	DW	Hamot Medical Center	27506	Treatment of thigh fracture
08/02/2003	NS	Hamot Medical Center	25575	Treat fracture radius/ulna
08/08/2003	JDL	Hamot Surgery Center	11752	Remove nail bed/finger tip
08/10/2003	DW	Hamot Medical Center	27248	Treat thigh fracture
08/11/2003	NS	Hamot Medical Center	29826	Shoulder arthroscopy/surgery
08/16/2003	NS	Hamot Medical Center	27822	Treatment of ankle fracture
08/16/2003	NS	Hamot Medical Center	25620	Treat fracture radius/ulna
08/21/2003	GJC	Hamot Medical Center	27236	Treat thigh fracture
08/21/2003	GJC	Hamot Medical Center	27848	Treat ankle dislocation
08/21/2003	DMB	Hamot Medical Center	27506	Treatment of thigh fracture
08/21/2003	DW	Hamot Medical Center	25999	Forearm or wrist surgery
09/05/2003	MC	Hamot Medical Center	11010	Debride skin, fx
09/05/2003	MC	Hamot Medical Center	25611	Treat fracture radius/ulna
09/15/2003	GJC	Hamot Medical Center	27125	Partial hip replacement
09/20/2003	NS	Hamot Medical Center	11011	Debride skin/muscle, fx
09/20/2003	NS	Hamot Medical Center	27814	Treatment of ankle fracture
09/20/2003	JMH	Hamot Medical Center	11044	Debride tissue/muscle/bone
09/20/2003	JMH	Hamot Medical Center	26951	Amputation of finger/thumb
09/20/2003	NS	Hamot Medical Center	23515	Treat clavicle fracture
09/20/2003	NS	Hamot Medical Center	27254	Treat hip dislocation
09/24/2003	DMB	Hamot Emergency Department	27252	Treat hip dislocation
09/30/2003	NS	Hamot Medical Center	27236	Treat thigh fracture
10/01/2003	NS	Niagara Village	29807	Shoulder arthroscopy/surgery
10/01/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
10/01/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
10/02/2003	GJC	Hamot Medical Center	27447	Total knee arthroplasty
10/02/2003	GJC	Hamot Medical Center	27447	Total knee arthroplasty
10/02/2003	GJC	Hamot Medical Center	27447	Total knee arthroplasty
10/02/2003	GJC	Hamot Medical Center	27447	Total knee arthroplasty
10/03/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
10/03/2003	NS	Niagara Village	29884	Knee arthroscopy/surgery
10/03/2003	NS	Niagara Village	29870	Knee arthroscopy, dx
10/03/2003	NS	Niagara Village	29877	Knee arthroscopy/surgery
10/05/2003	DW	Hamot Medical Center	25575	Treat fracture radius/ulna
10/05/2003	DW	Hamot Medical Center	10180	Complex drainage, wound

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Done Between 7-1-2003 And 4-22-2004

Resident Name:	Brown, Lisa A.				Current Year: 3
Procedure	Attending	Institution	CPT	CPT	Description
Date	Initials	Name	Code		
10/08/2003	NS	Niagara Village	29826		Shoulder arthroscopy/surgery
10/08/2003	NS	Niagara Village	24105		Removal of elbow bursa
10/08/2003	NS	Niagara Village	29880		Knee arthroscopy/surgery
10/08/2003	NS	Niagara Village	29888		Knee arthroscopy/surgery
10/09/2003	GJC	Hamot Medical Center	29888		Knee arthroscopy/surgery
10/09/2003	GJC	Hamot Medical Center	29888		Knee arthroscopy/surgery
10/09/2003	GJC	Hamot Medical Center	28192		Removal of foot foreign body
10/10/2003	NS	Niagara Village	29826		Shoulder arthroscopy/surgery
10/10/2003	NS	Niagara Village	23455		Repair shoulder capsule
10/10/2003	NS	Niagara Village	29826		Shoulder arthroscopy/surgery
10/10/2003	NS	Niagara Village	29826		Shoulder arthroscopy/surgery
10/10/2003	GJC	Hamot Emergency Department	27266		Treat hip dislocation
10/10/2003	JDL	Hamot Emergency Department	23655		Treat shoulder dislocation
10/10/2003	JDL	Hamot Emergency Department	23655		Treat shoulder dislocation
10/13/2003	NS	Hamot Medical Center	27090		Removal of hip prosthesis
10/13/2003	NS	Hamot Medical Center	27487		Revise/replace knee joint
10/14/2003	GJC	Hamot Medical Center	27443		Revision of knee joint
10/14/2003	GJC	Hamot Medical Center	27443		Revision of knee joint
10/14/2003	GJC	Hamot Medical Center	27443		Revision of knee joint
10/15/2003	JMH	Hamot Medical Center	24579		Treat humerus fracture
10/15/2003	NS	Niagara Village	29807		Shoulder arthroscopy/surgery
10/16/2003	GJC	Hamot Medical Center	23130		Remove shoulder bone, part
10/22/2003	NS	Hamot Surgery Center	29888		Knee arthroscopy/surgery
10/22/2003	JMH	Hamot Emergency Department	26951		Amputation of finger/thumb
10/22/2003	MDS	Hamot Medical Center	27134		Revise hip joint replacement
10/25/2003	JJK	Hamot Medical Center	27514		Treatment of thigh fracture
10/25/2003	MC	Hamot Medical Center	11043		Debride tissue/muscle
10/27/2003	NS	Hamot Medical Center	25611		Treat fracture radius/ulna
10/27/2003	NS	Hamot Medical Center	27443		Revision of knee joint
10/27/2003	NS	Hamot Medical Center	27443		Revision of knee joint
10/28/2003	GJC	Niagara Village	29880		Knee arthroscopy/surgery
10/28/2003	GJC	Niagara Village	29888		Knee arthroscopy/surgery
10/29/2003	NS	Niagara Village	29888		Knee arthroscopy/surgery
10/29/2003	NS	Niagara Village	29888		Knee arthroscopy/surgery
10/29/2003	NS	Niagara Village	29826		Shoulder arthroscopy/surgery
10/29/2003	NS	Niagara Village	27340		Removal of kneecap bursa
10/29/2003	GJC	Hamot Medical Center	10140		Drainage of hematoma/fluid
10/30/2003	GJC	Hamot Medical Center	27130		Total hip arthroplasty
10/30/2003	GJC	Hamot Emergency Department	25600		Treat fracture radius/ulna
11/03/2003	GJC	Hamot Surgery Center	29888		Knee arthroscopy/surgery
11/04/2003	GJC	Hamot Surgery Center	27511		Treatment of thigh fracture
11/05/2003	GJC	Hamot Surgery Center	27430		Revision of thigh muscles
11/05/2003	GJC	Hamot Surgery Center	27236		Treat thigh fracture
11/10/2003	NS	Hamot Medical Center	27580		Fusion of knee
11/11/2003	GJC	Hamot Surgery Center	27487		Revise/replace knee joint
11/11/2003	GJC	Hamot Medical Center	25620		Treat fracture radius/ulna

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Done Between 7-1-2003 And 4-22-2004

Resident Name: **Brown, Lisa A.**

Procedure Date	Attending Initials	Institution Name	CPT Code	Current Year: 3 CPT Description
11/14/2003	GJC	Hamot Medical Center	27814	Treatment of ankle fracture
11/14/2003	DW	Hamot Emergency Department	27235	Treat thigh fracture
11/14/2003	DW	Hamot Emergency Department	27235	Treat thigh fracture
11/25/2003	JDL	Hamot Emergency Department	25270	Repair forearm tendon/muscle
12/01/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
12/01/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
12/01/2003	NS	Niagara Village	29875	Knee arthroscopy/surgery
12/02/2003	GJC	Niagara Village	29826	Shoulder arthroscopy/surgery
12/02/2003	GJC	Niagara Village	29826	Shoulder arthroscopy/surgery
12/02/2003	GJC	Hamot Medical Center	11011	Debride skin/muscle, fx
12/02/2003	GJC	Hamot Medical Center	27245	Treat thigh fracture
12/02/2003	GJC	Hamot Medical Center	26990	Drainage of pelvis lesion
12/03/2003	GJC	Hamot Medical Center	27814	Treatment of ankle fracture
12/03/2003	GJC	Hamot Medical Center	29880	Knee arthroscopy/surgery
12/03/2003	GJC	Hamot Medical Center	27814	Treatment of ankle fracture
12/04/2003	GJC	Hamot Medical Center	25250	Removal of wrist prosthesis
12/04/2003	GJC	Hamot Medical Center	29826	Shoulder arthroscopy/surgery
12/04/2003	NS	Hamot Medical Center	27130	Total hip arthroplasty
12/05/2003	GJC	Hamot Medical Center	27236	Treat thigh fracture
12/08/2003	NS	Hamot Medical Center	27443	Revision of knee joint
12/08/2003	NS	Hamot Medical Center	27443	Revision of knee joint
12/08/2003	NS	Hamot Medical Center	27130	Total hip arthroplasty
12/08/2003	NS	Hamot Medical Center	29876	Knee arthroscopy/surgery
12/09/2003	GJC	Hamot Medical Center	27443	Revision of knee joint
12/09/2003	GJC	Hamot Medical Center	27443	Revision of knee joint
12/10/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
12/11/2003	GJC	Hamot Medical Center	27816	Treatment of ankle fracture
12/11/2003	GJC	Hamot Medical Center	27087	Remove hip foreign body
12/11/2003	GJC	Hamot Medical Center	27087	Remove hip foreign body
12/12/2003	JOS	Metro Health Center	29876	Knee arthroscopy/surgery
12/12/2003	JOS	Metro Health Center	29880	Knee arthroscopy/surgery
12/12/2003	JOS	Metro Health Center	29888	Knee arthroscopy/surgery
12/12/2003	JOS	Niagara Village	29876	Knee arthroscopy/surgery
12/12/2003	NS	Niagara Village	29876	Knee arthroscopy/surgery
12/12/2003	NS	Niagara Village	29888	Knee arthroscopy/surgery
12/12/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
12/14/2003	JDL	Hamot Medical Center	27750	Treatment of tibia fracture
12/15/2003	NS	Niagara Village	29876	Knee arthroscopy/surgery
12/15/2003	NS	Niagara Village	29805	Shoulder arthroscopy, dx
12/15/2003	NS	Niagara Village	29826	Shoulder arthroscopy/surgery
12/16/2003	GJC	Hamot Medical Center	27443	Revision of knee joint
12/16/2003	GJC	Hamot Medical Center	27443	Revision of knee joint
12/16/2003	GJC	Hamot Medical Center	27487	Revise/replace knee joint
12/17/2003	NS	Hamot Medical Center	24516	Treat humerus fracture
12/17/2003	NS	Niagara Village	29888	Knee arthroscopy/surgery
12/18/2003	GJC	Hamot Medical Center	29880	Knee arthroscopy/surgery

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Done Between 7-1-2003 And 4-22-2004

Resident Name: **Brown, Lisa A.**

Current Year: 3

Procedure	Attending	Institution	CPT	CPT
Date	Initials	Name	Code	Description
12/19/2003	NS	Niagara Village	29876	Knee arthroscopy/surgery
12/19/2003	NS	Niagara Village	27340	Removal of kneecap bursa
12/19/2003	NS	Hamot Medical Center	27829	Treat lower leg joint
12/19/2003	NS	Hamot Medical Center	27244	Treat thigh fracture
12/29/2003	MDS	Hamot Medical Center	27759	Treatment of tibia fracture
12/29/2003	MDS	Hamot Medical Center	23455	Repair shoulder capsule
12/31/2003	JJK	Hamot Medical Center	27759	Treatment of tibia fracture
04/05/2004	MDS	Hamot Medical Center	27130	Total hip arthroplasty
04/05/2004	MDS	Hamot Medical Center	23472	Reconstruct shoulder joint
04/05/2004	MDS	Hamot Medical Center	27443	Revision of knee joint
04/05/2004	MDS	Hamot Medical Center	27443	Revision of knee joint
04/06/2004	JJK	Hamot Medical Center	27443	Revision of knee joint
04/06/2004	JJK	Hamot Medical Center	11043	Debride tissue/muscle
04/06/2004	JJK	Hamot Medical Center	27130	Total hip arthroplasty
04/07/2004	JJK	Hamot Medical Center	23130	Remove shoulder bone, part
04/07/2004	MDS	Hamot Medical Center	27130	Total hip arthroplasty
04/07/2004	MDS	Hamot Medical Center	27487	Revise/replace knee joint
04/08/2004	MDS	Hamot Surgery Center	20680	Removal of support implant
04/12/2004	MDS	Hamot Medical Center	27130	Total hip arthroplasty
04/13/2004	JJK	Hamot Medical Center	27130	Total hip arthroplasty
04/14/2004	JJK	Hamot Medical Center	23130	Remove shoulder bone, part
04/14/2004	JJK	Hamot Medical Center	29805	Shoulder arthroscopy, dx
04/14/2004	JJK	Hamot Medical Center	11043	Debride tissue/muscle
04/15/2004	MDS	Hamot Surgery Center	29888	Knee arthroscopy/surgery
04/15/2004	MDS	Hamot Surgery Center	29876	Knee arthroscopy/surgery
04/15/2004	MDS	Hamot Surgery Center	29870	Knee arthroscopy, dx
Number of Procedures:			165	
Grand Total:			165	

UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.
400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855
Telephone: (817) 571-2949

STEP 3 SCORE REPORT

Rowan, Lisa Ann

Test Date: March 6, 2002

SMLE ID: 5-056-305-5

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

PASS

This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

182

This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 210 and 19, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)[†] for this scale is approximately seven points.

75

This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM[†] for this scale is approximately two points.

Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

~~CONFIDENTIAL~~

Work Hours 6/30 - 7/13

Name: Brown

June 30 (11)	July 1 (12)	July 2 (6)	July 3 (10)	July 4
6 - 5	6 - 6	6 - 12 MN	12 MN - 10 AM	OFF
July 5 OFF	July 6 OFF	6:30 (3 1/2) 12 MN	12 MN - 10	July 9 (11) 6 - 5
July 10 (1) 6 - 5	July 11 (1) 6 - 5	7:30 - MN 1/2	12 MN - 8 (8)	

JK
39
73.5

~~CONFIDENTIAL~~

Record of Absence, Vacation, Sick Pay, etc.

Name of Resident: LISA Brown

Vacation Days: 20

Year: 2001/2002

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Comp
1													
2													
3													
4													
5													
6			T										
7			T										
8													
9													
10													
11				✓									
12				✓									
13													
14													
15				✓									
16				✓									
17				✓									
18			✓							✓			
19			✓										
20			✓										
21			✓										
22			✓										
23													
24													
25												✓	
26											✓	✓	
27											✓	✓	
28											✓	✓	
29											✓		
30											✓		
31												✓	

Code:

CPT - Compensatory Time

C - Conference Time

V - Vacation

III - Sick

IT - Interview Time

B - Boards

F - Funeral

CONFIDENTIAL**Leave of Absence Form - Department of Orthopaedics**

Name of Resident LISA Brown Date of Request 3-4-02

Requests Leave Time For:

- Vacation (20 days - 3 weeks in blocks of 5 days)
- Compensation Day
- Interview Day (granted five interview days PGY-3)
- Elective Rotation
- Conference
- Where

Required

Yes

No

X Boards**Date and Time:**

From Mar 6 a.m./p.m. to Mar 7 a.m./p.m. for a total
of 2 days

There will be 1 residents absent during the period indicated above. Please list the residents that will be absent during this time period.

NicholsCompensatory Days Earned: 0Days Taken as of this Date: 10 Vacation 0 CompensatoryApproved: J. L. L.

(Attending Physician/Date)

Approved: D. J. (3/5/02)

(Chief Resident/Date)

Approved: M. L. 3/8/02

(Program Director/Date)

CONFIDENTIAL

September 7, 2000

Subject: 0293567329

Dear Program Director:



Joseph Zarconi, M.D., F.A.C.P.
Vice President,
Medical Education

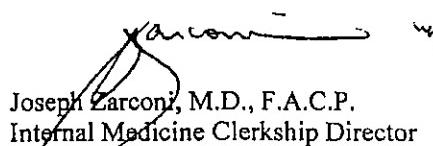
Associate Dean for
Clinical Education
Northeastern Ohio Universities
College of Medicine

55 Arch Street, Suite G4
Akron, Ohio 44304
Phone (330) 375-3100
Fax (330) 375-3804
E-mail: zarconij@summa-health.org

I am pleased to have the opportunity to recommend Ms. Lisa Brown for a position in your orthopaedic surgery residency program. Ms. Brown completed her ten-week internal medicine clerkship from March through May, 2000, at Summa Health System during which time I served as clerkship director. Throughout her rotation here, I came to know Ms. Brown as a very bright and engaging student physician whose fund of medical knowledge was above what is expected of a third year medical student. She has a very warm and engaging personality and genuine enthusiasm for learning, and as a result was rapidly accepted as a valued member of the health care team. She took significant initiative in her own education, demonstrating significant outside reading on her patients' problems, and genuine interest in seeking opportunities to learn and provide patient care. She was diligent in remaining up to date on her patients' daily progress and could be relied upon to follow up on assigned tasks with enthusiasm and thoroughness. She was very kind and competent in her approach to patients and their families and was well received by them in return. She consistently placed the needs of her patients and their families above all other concerns. In small group discussions, she came well prepared, having done a fair bit of outside reading which she applied skillfully to make positive contributions to the learning of the group. With respect to her professional development, her strong work ethic, excellent interpersonal skills, notable intellectual honesty and integrity, and genuine human compassion are clearly areas of strength. In addition, she is to be commended for having done a very nice job at balancing the complexities of her personal and family life with the rigorous requirements of her medical education. For her overall performance in internal medicine she received honors, a grade infrequently awarded at this institution. I am confident that she will become a very skilled and caring physician, and I look forward to hearing of her continued successes in the future. For these reasons, I am pleased to endorse her application with my highest recommendation.

Please note that Ms. Brown has waived her right to see this letter.

Most sincerely,


Joseph Zarconi, M.D., F.A.C.P.
Internal Medicine Clerkship Director

JZ:amh

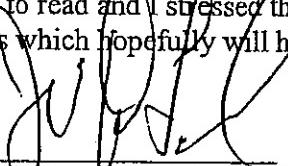
Affiliates of
Northeastern Ohio
Universities
COLLEGE OF MEDICINE



Lisa Brown
Semi-Annual Evaluation
7/8/02

I reviewed Lisa's evaluations with her for the past year. Specifically, she met or exceeded the expectations of all of her evaluations. She felt that in general the PGY1 year was very beneficial. Both she and Brad Poole felt that the teaching faculty made them the center of attention which improved the overall learning environment.

Regarding the coming year, she plans to study Dr. Rogers' hydroxyapatite coated hips. This would be a followup review of a previous study. I believe this is certainly a reasonable study for her and encourage her to do so. She remains somewhat frustrated that she does not have enough time to read and I stressed the importance of good time management and reading for specific cases which hopefully will help her maintain a bank of important files and references.


John D. Lubahn, MD

HMC-00136

Semi-Annual Evaluation

Lisa Brown, MD

2/25/02

4 pm

Lisa is in her PGY-1 year and has had quite good reviews from all of her attendings. Her most recent rotation was cardiovascular surgery and although the written report was not yet complete, Dr. Kish had spoken with me earlier today giving her a very good evaluation.

Her OITE score while only PGY-1, is in need of improvement and I stressed the importance of reading on a regular basis. Her research project on Disappearing Bone Disease is on schedule and I suggested she meet with the patient at her next clinic visit.

Lisa seems to be adjusting well to Erie.

John D. Lubahn, MD

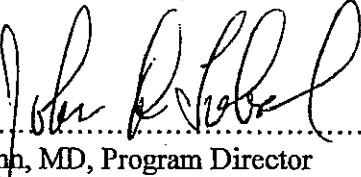
RESIDENT EVALUATION

Name: Lisa Brown

Date: 2/7/03

I reviewed Lisa Brown's progress for the year beginning with her in-training scores which are in need of improvement. I discussed various study approaches for her, a reading list, certain hours to read on a regular basis on evenings and weekends.

Her clinical performance has been acceptable, however I did discuss one patient about whom she had phoned me describing a posterior fracture dislocation of the hip which in addition to a fractured posterior wall of the acetabulum included a pelvic fracture which did modify treatment somewhat. As a result of that particular patient I did suggest she review Epstein's article on fracture dislocations of the hip and his associated classification.

Signature.....


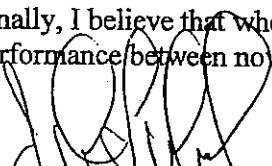
John D. Lubahn, MD, Program Director

Lisa Brown
Semi-Annual Evaluation
9/16/03

I initially discussed Lisa's research thus far which has been limited by the need of IRB approval and funding from Biomet. I advised her that she should look for other research, either a clinical project such as hamate fractures with Dr. Pollard, a prospective study of diabetes and joint replacement with Dr. Nechleba, working with Tim Cooney and myself in the basic science studies on relaxin receptors in the basal joint and/or nerve growth factor in Dupuytren's disease. I would also entertain any other clinical research which interests her but hasten to add she needs to decide soon.

Her clinical performance and basic orthopaedic knowledge seemed to have improved significantly. Her presentation at the department meeting last weekend showed significant improvement as has her interaction with other residents and attendings. I advised her that when she once again resumes a clinical rotation that she should establish a better relationship with the emergency room physicians such that she be called more frequently to see fingertip injuries and nondisplaced fractures and also advised her that when she sees these particular problems, specifically fingertip injuries and open interphalangeal joint injuries of the hand or foot that she should be certain to call the attending and discuss care and management at the time the patient is evaluated.

Finally, I believe that when she resumes her clinical rotation in October, pending her performance between now and then, I would remove her probation status.


John D. Lubahn, MD
Program Director

HAMOT MEDICAL CENTER
RESIDENT AGREEMENT OF APPOINTMENT
IN THE
GRADUATE PROGRAM IN MEDICAL EDUCATION

This Agreement is for a period of one (1) year commencing on July 1, 2003 and ending on June 30, 2004, by and between

HAMOT MEDICAL CENTER,
(hereinafter referred to as "HMC")

and

Lisa Brown
hereafter referred to as "Resident")

WITNESSETH:

WHEREAS, HMC is organized for the purpose of operating a health care facility, including medical services incident to both inpatient and outpatient care; and

WHEREAS, HMC, as a sponsoring institution of Graduate Medical Education, is committed to excellence in resident physician education and to providing an environment where residents can improve their skills and knowledge in a supervised yet semi-independent manner consistent with the requirements of the appropriate accrediting bodies; and

WHEREAS, the Resident meets all requirements for participation in a graduate program of medical education conducted by HMC, including approval of the Pennsylvania State Board of Medicine, the qualifications for resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education and other regulatory and accrediting agencies as may be applicable; and

WHEREAS, HMC and the Resident intend to be legally bound by the terms of this Agreement, and the Resident also agrees to be bound by all terms of the HMC rules and regulations and other policies approved by the Medical Staff Executive Committee or the HMC Board of Trustees;

NOW, THEREFORE, HMC and Resident mutually agree to the following terms and provisions:

Section 1. Terms of Agreement

The named Resident is appointed as 3rd year Resident 3rd year Graduate in the Orthopaedic Surgery Residency Program.

Section 2. Agreement of the Parties

During the term of this agreement, both parties agree as follows:

A. HMC agrees to:

1. Provide the Resident with a program of graduate medical education that meets the Institutional and Program Requirements of the Essentials of Accredited Residencies as approved by the Accreditation Council for Graduate Medical Education (ACGME).
2. Provide compensation for the Resident subject to his/her assigned graduate year of training as determined by the Program Director, in consultation with the VP for Quality & Medical Education or designate. Accordingly, Dr. Brown will receive \$44,118 as compensation from July 1, 2003 to June 30, 2004.

An additional compensation at the rate of XXX will be paid to the resident for such period as the Resident performs those duties and responsibilities required of a Chief Resident at Hamot Medical Center. The foregoing compensation will be paid in equal bi-weekly installments, less authorized and legally required deductions.

3. Grant the Resident twenty days of vacation with pay. Such vacation may be affected by unsatisfactory performance, illnesses, or noncompliance with the rules and regulations and policies approved by the Medical Staff Executive Committee and/or Board of Trustees. The allowable vacation time shall not be cumulative from year to year and must be taken during the appointed Graduate Year, subject to satisfactory scheduling by the applicable Program Director and the VP for Quality & Medical Education (or designate). Consistent with the requirements for Board Certification by respective specialty boards and with written Medical Education policy, non-educational time off (vacation, illness, interviews, etc.) that exceed program requirements during the academic year will result in extension of the total residency period equivalent to the excess time.
4. Grant a compensatory day off when the Resident works on Christmas Day, Thanksgiving Day or New Years Day.
5. Grant leave of absence with pay to the Resident, solely for the purpose of attending educational meeting/s that directly relate to his/her specialty training. Attendance at such meeting/s shall be determined by the Program Director. For each first year Resident, HMC will grant \$500 solely for the above stipulated educational materials, publications and dues.
6. Grant compensatory time off to the Resident for his/her attendance at the United States Medical Licensing Examination (USMLE) III; presentation of research paper; and interviews necessary to his/her continuing graduate training outside of Erie, as approved by the VP for Quality & Medical Education (or designate) and the applicable Program Director.

7. Provide reimbursement in the amount of \$210.00 to the Resident toward the Drug Enforcement Agency (DEA) fee renewable every three years.
8. Provide lounge, sleeping quarters and meals (\$130/month) while the Resident is on-duty or on-call at HMC. These benefits shall not apply when the Resident is away from HMC unless otherwise approved by the VP for Quality & Medical Education (or designate).
9. Furnish the Resident with uniforms and laundry for his/her duty and on-call requirements at HMC.
10. Provide professional liability insurance of the claims made type covering the Resident for his/her official activities at HMC or HMC affiliates as approved by the VP for Quality & Medical Education. The amount of such coverage shall be determined by HMC, but will be consistent with amounts provided by Hamot for other medical/professional practitioners and consistent with that required by Pennsylvania law.
11. Provide life insurance to the Resident equal to one (1) year of his/her annualized compensation.
12. Provide disability insurance to the Resident with amounts and coverage determined by HMC policy and provide access to insurance, where available, for disabilities resulting from activities that are part of the educational program.
13. Provide hospitalization, medical, dental and additional health services to the Resident, his/her spouse and eligible children, in amounts and coverage consistent with that of all HMC employees.
14. Assign the Resident to institutional committees and councils whose actions affect the resident's educational programs or that conduct patient care review and/or performance improvement activities.
15. Allow accrual of one (1) day sick leave per month for the Resident, with an accrual rate of twelve (12) days per annual appointment, cumulative for the continuous period of graduate medical education at HMC, less the number of days lost due to excused illness. No payment for sick leave(s) in excess of accrued hours will be permitted, except when it is deducted from accrued vacation benefits and authorized by the VP for Quality & Medical Education (or designate) in consultation with the Program Director. An institutional leave policy will be provided to the resident in the resident handbook.
16. Provide security and safety measures, appropriate to the risks associated with the training environment, in all areas and locations associated with training, including parking areas, on-call quarters, inpatient and outpatient facilities, hospital, and institutional grounds.
17. Provide a resident policy that describes how physician impairment, including substance abuse, will be managed. An educational program regarding physician impairment and substance abuse also will be provided.

Provide appropriate confidential counseling and medical and psychological support services through the Employee Assistance Program and through the resident's primary care physician, in accordance with the current health benefits plan.

19. Provide confidential evaluations of the resident's performance on a regular basis, consistent with applicable Residency Review Committee requirements.

B. The Resident Agrees to:

1. Fulfill the educational requirements of the resident training program and accept the obligation to use his/her best efforts to provide safe, effective and compassionate care to patients (while under supervision) that is commensurate with his/her level of advancement and responsibility, as assigned by the Program Director and required by the Essentials of Accredited Residencies of the Accreditation Council for Graduate Medical Education (ACGME).
2. Obtain a full and unrestricted license to practice medicine in the State of Pennsylvania, either by passing the USMLE or COMLEX Examination. Such license should be obtained as soon as possible. (After successfully completing two years of approved graduated medical training for graduates of an accredited medical college, or after successfully completing three years of approved graduate medical training for graduates of an unaccredited medical school as required by Section 29 of the Pennsylvania Medical Practice Act of 1985, and rules and regulations issued thereunder. The above exams must be completed before the resident can begin his/her third graduate year of training. If eligible, the Resident must obtain a DEA license.
3. Abstain from any outside work, whether or not for remuneration, except as specially approved by the applicable Program Director and the VP for Quality & Medical Education (or designate). Approved work must be consistent with the Medical Education policy regarding work outside of the residency program.
4. Abide by and adhere to all HMC policies, procedures, rules and regulations, where applicable, and as may be promulgated from time to time to govern the Resident's participation in the medical educational and clinical affairs of HMC, including HMC and residency policies and procedures regarding gender or other forms of harassment and exploitation and policies regarding physician impairment and substance abuse.
5. Authorize HMC to divulge such information deemed pertinent to a requesting institution and hold HMC harmless from any liability that may be associated with release of such information should another medical or health care institution request references and other information on the Resident from HMC and HMC believes that such a request is honorable and proper.
6. Become certified in ACLS and ATLS before completion of the PGY 1 year of training or to provide current certification documentation of the same, and to maintain such certification through appropriate recertification procedures; to receive training and education in Occupational Safety and Health Administration (OSHA) regulations and Centers for Disease Control (CDC) recommendations regarding protection from blood-borne diseases and other occupational hazards encountered by the health care professional; training in quality assurance/performance improvement processes; and education in physician impairment and substance abuse.

7. Provide representation on institutional committees and councils whose actions affect the resident's education and participate in other institutional programs and activities involving the medical staff.
8. Participate fully in the educational and scholarly activities of the training program and, as required, assume responsibility for teaching and supervising other residents and/or students.
9. Develop a personal program of independent study and professional growth under the supervision and guidance of the program teaching staff.
10. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and cost containment measures as they apply to the provision of patient care as appropriate.
11. Submit confidential written evaluations of the faculty and of the educational experiences to the program director. Participate in evaluation of security and safety issues related to the training environment.
12. Accept the obligation to function as an integral member of the health care team, treating other health care professionals and support staff with respect, courtesy and professionalism.

13. DUTIESOrthopaedic Third Year Resident

- a. During the third year, the Orthopaedic resident is responsible for satisfactorily completing the following duties:

While assigned to the Floors: The resident is responsible for all admitting histories and physical examinations and for organizing all pertinent laboratory and x-ray studies for his/her patients. He/she will also be required to present patients to the attending surgeon or senior resident.

The resident will have increased direct patient-care responsibility under the direction of a senior resident, for all orders, progress notes, dressing changes, adjustment of traction, etc. The resident should not be responsible for direct patient care for more than 80 hours a week.

The resident will directly supervise all medical students and first and second year residents rotating on Orthopaedics who are assigned to assist the resident in patient care. These duties include teaching responsibilities and discussing with and explaining to students and first and second year residents why particular procedures are being done, as well as the diagnosis and projected patient management.

While assigned to the Clinic: The resident is responsible for new patient workups and the application of casts on clinic patients who are waiting in the Cast Room. He/she will be supervised by either the senior resident or the attending staff.

While assigned to the Emergency Room: The resident must respond within ten (10) minutes following a call from the Emergency Room. He/she will act as the primary Orthopaedic evaluator and provide consultation and treatment. The resident will be under the direct supervision of the senior orthopaedic resident.

While assigned to the Operating Room: The resident is responsible for the surgical preparation of all cases and will assist in surgery when requested.

- b. After each rotation, the resident will return a completed evaluation form to the Director, and the attending physician will return an evaluation of the resident. The Director will regularly review these evaluations with the resident.
- c. The resident will be on call in the hospital approximately every fourth night.
- d. The resident will be responsible for all assigned conferences throughout the year.

e. During the year, the resident is responsible for one clinical research projects suitable for presentation and/or publication. It should be submitted to a refereed journal, e.g., JBJS, CORR, JHS, AJSM, etc. or to a national meeting. Acceptable meetings for which the resident will be reimbursed to attend include AAOS, AOA Residents Conference, POS and EOA (when held in the continental US). Subspecialty meetings are acceptable academic travel, however, the senior author, e.g., hand surgeon, sports medicine attending, etc., will be responsible for travel expenses. The resident will attend monthly research meetings.

f. During the third year, the resident will spend a six-month rotation in the Hamot Research Center under the direction of the Director of Research. The resident will adhere to all policies and procedures of the Department. The resident will complete a minimum of one case report and one clinical research project, inclusive of write-up. The resident will be involved in at least one basic science project. The requirements may be modified by mutual agreement. Attendance is required Monday-Friday, 8:00am to 4:30 pm. Studying for examinations and preparing for lectures will be done during evenings and on weekends. On occasion, these may be done on rotation, but only approved by the Director.

If the Director documents that the resident is not progressing per expectations, the resident will be placed on academic probation. His/her progress will be subject to ongoing review. Failure to comply may result in suspension from the program.

- g. The resident is responsible for pre- and post-operative follow-ups in one of his/her attending's office one half day per week. Physical examination, radiologic findings and surgical indications will be discussed with the attending.
- h. During the third year, the resident is required to attend a pathology conference.

Section 3. Termination and Suspension

1. Either party may terminate this Agreement at any time upon notice thereof for proper cause.
2. The Chairman of the Medical Staff Executive Committee, the Vice-President for Quality & Medical Education, the chairman of a clinical department, the Program Director, the President of HMC or HHF (or a designate), the Executive Committee of either the Medical Staff or the Board of Trustees shall each have the right to summarily suspend all or any portion of the activities of the Resident whenever such action must be taken immediately in the best interest of patient care. Such summary suspension shall become effective immediately. Upon imposition of a summary suspension, the Program Director shall provide written notice of the matter to the Vice President for Quality & Medical Education (or designate) and the matter shall be processed in accordance with the procedures as outlined in the "Grievance Resolution and Due Process for Resident Physicians" policy.

Section 4. Due Process

Any problem, grievance, misunderstanding, or alleged violation(s) arising under this Agreement and any pertinent matters relating thereto and to the resident's status in his/her residency, shall be resolved in accordance with the policy for "Grievance Resolution and Due Process for Resident Physicians" contained within the resident handbook.

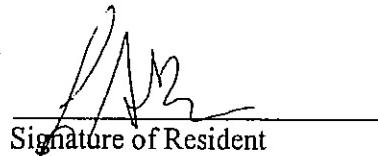
Section 5. Continuation of Training

Upon satisfactory completion of the resident training year as determined by the program director and faculty, the Resident shall be promoted to the next level of resident training required and approved for his/her specialty, unless either HMC or the Resident shall give written notice to the other of termination upon completion of the current contract year. Such notice must be provided at least one hundred twenty (120) days before completion of the contract year.

Section 6. Entire Agreement

This Agreement shall supersede all prior understandings and agreements between HMC and the Resident, and no changes shall be made in this Agreement without execution by the parties hereto in the same manner as the original agreement.

IN WITNESS WHEREOF, the parties have, in good faith, executed this Agreement on the day of , 2003.



Signature of Resident



John D. Lubahn, MD
Program Director
Hamot Medical Center



Hershey S. Bell, MD
Vice President for Quality & Medical Education
Hamot Medical Center



John T. Malone
Chief Executive Officer
Hamot Health Foundation

Kathy Hull
(Witnessed By)
Date 4/8/03



Cardiopulmonary
and Peripheral Vascular
Associates, Inc.

February 26, 2002

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Jacob George, MD, FACS
George F. Kish, MD, FACS
Richard W. Long, MD, FACS
Dennis M. Michalak, MD, FACS
Stephen D. Pett, MD, FACS
Christopher T. Strzalka, MD
Wilfredo S. Tan, MD, FACS

Margaret Johns, CRNP

Robert A. Brown, RN, RVT
Steve Ferretti, RDMS, RVT
Barbara Klasch, LPN, RVT
Kelly Mozdy, RDMS



Affiliated with
Hamot Heart Institute

Orthopedic Residency Program

Hamot Medical Center
201 State Street
Erie, PA 16550

Re: Lisa Brown, M.D.

To Whom It May Concern:

The four weeks that Dr. Brown spent with us were both educational as well as very pleasant. She is a very bright physician, eager to learn. She has good patient and family rapport.

All the members of Flagship CVTS equally feel that she will make a fine orthopedic surgeon. It was our pleasure to be associated with her.

Sincerely,

A handwritten signature in black ink that reads "George F. Kish, M.D." over a stylized "J".

GFK:cas

Transcribed and signed in the Dr.'s absence.

10-24-03

Dear Residency Dept.

I would like to send kudos to Dr. Brown for a job well done. I had an injury to my finger on Oct 15. He treated it and it is doing well. Went to have the stitches removed today.

Dr. Wood is very pleased with the progress. I am able to keep the tips and with time and therapy it will be fine.

Thank you very much,
Sue Powell

P.S. Can you tell it was my writing hand?

CONFIDENTIAL



Hamot Medical Center
201 State Street
Erie, PA 16550
(814) 877-6000
www.hamot.org

October 23, 2002

To Whom It May Concern:

Lisa Brown, MD is an orthopaedic resident in good standing at Hamot Medical Center in Erie, Pennsylvania. Please allow her the resident registration rate for the AO course in Reno, NV in January. If you have any further questions please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'John D. Lubahn'.

John D. Lubahn, MD
Orthopaedic Residency Program Director

HMC - 01034

An affiliate of the Cleveland Clinic and Penn State's College of Medicine • Shareholder, VHA, Inc.

Lisa Brown, MD
Hamot Medical Center Orthopaedic Residency Program
Semi-Annual Evaluation
January 30, 2004
3:30 pm

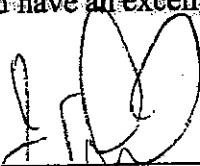
I discussed Dr. Brown's performance thus far since her last evaluation. Her in-training performance was poor. In fact she and I had discussed this on one previous occasion. My recommendation for her to improve her abilities on standardized testing was to have an evaluation at the Sylvan Learning Center in Erie and to report back to me with their recommendations and a plan.

I did counsel her that if her performance did not improve over the course of the next two years on the order of 20% to 40% each year, that I would be unable to sign her application to take Part I of the American Board of Orthopaedic Surgeons Exam. I would consider an additional year here or an additional year of fellowship at which time she could sit for the examination.

I did counsel her that her clinical performance thus far this year had improved and was acceptable. There were areas where her clinical skills did still seem deficient to me and I cited those and suggested additional reading materials.

I do believe that her performance on the OITE exam is a combination of multiple factors including personal, scholastic (meaning knowledge base gleaned from textbooks and journal articles read thus far), and ability to take standardized tests and will continue to evaluate each of these in the future.

Lisa did have an excellent performance and evaluation on her microsurgical skills lab earlier this year.



John D. Lubahn, MD
Program Director

Lisa Brown, MD
Orthopaedic Resident

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE WESTERN DISTRICT OF PENNSYLVANIA

3 LISA BROWN, :
4 Plaintiff :
5 :
6 v. : Civil Action No. 05-32 E
7 HAMOT MEDICAL CENTER, :
8 Defendant :
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25 :

Deposition of VINCENT ROGERS, M.D., taken
before and by Sonya Hoffman, Notary Public in and for
the Commonwealth of Pennsylvania on Tuesday, August
30, 2005, commencing at 11:30 a.m., at the offices of
Scarpitti & Mead, Renaissance Center, 1001 State
Street, Suite 800, Erie, PA 16501.

For the Plaintiff:

Patrick Sorek, Esquire
Leech Tishman Fuscaldo & Lampl
Citizens Bank Building, 30th Floor
525 William Penn Place
Pittsburgh, PA 15219

For the Defendant:

Kerry M. Richard, Esquire, P.C.
Tobin O'Connor Ewing & Richard
5335 Wisconsin Avenue, NW
Suite 700
Washington, DC 20015

Reported by Sonya Hoffman
Ferguson & Holdnack Reporting, Inc.

1 A. No.

2 Q. Do you know of any attendings or other doctors at
3 Hamot who had performance problems that led to discipline?

4 A. Only the one that I told you about back in the
5 '80s where he was dismissed. And the five that I mentioned
6 to you that came up for review and we spoke to them about
7 things like tardiness, on-call, and that nature. I
8 wouldn't -- if you call that disciplinary action, those are
9 the cases that I can recall.

10 Q. Do you know the name Bill [REDACTED]?

11 A. The name is Bill [REDACTED]

12 Q. [REDACTED]?

13 A. [REDACTED]

14 MS. RICHARD: Now with a name, I'd ask that this
15 portion of the testimony be treated as
16 confidential.

17 MR. SOREK: All right. That's fine.

18 Q. You do know that name?

19 A. I know the name, yes.

20 Q. And how do you know the name?

21 A. He was a resident in the orthopedic residency
22 program.

23 Q. How did he arrive at the program?

24 A. He was here when I arrived in '81, so I can't give
25 you details of how he got here.

1 Q. After his residency, did he ever come back to
2 Hamot?

3 A. His history is that he went into practice in
4 Florida and ran into trouble with multiple malpractice
5 suits. Lost his malpractice insurance, went to the Dakotas,
6 practiced for a period of time. Had difficulty with the
7 people skills and left there. I don't know the details of
8 his leaving either of those practices, but this is where he
9 is.

10 Then he arrived in Erie and asked John Lubahn for
11 some help in helping him get his license back. When he lost
12 his malpractice, he lost his license to practice. And I'm
13 not sure of the details of that either, except that he
14 wanted to come back and do some further training. And John
15 Lubahn told him that he could come back to Erie, was not
16 allowed to take part in surgical procedures, but could
17 observe. Went to the conferences. As far as I know, had no
18 patient care responsibilities at all, but observed others.

19 And the intent of all that was to help him get
20 relicensed, get back into practice. It wasn't to -- it was
21 to help a former resident get back in the good graces of the
22 medical society.

23 Q. Do you use that generically, medical society, or
24 do mean that specific institution?

25 A. I use that generically.

1 Q. It would be hard to get a license back if you
2 can't do patient care; wouldn't it?

3 A. I don't know the details of Dr. Lubahn's role with
4 [REDACTED]. I do know that [REDACTED] followed me around for a
5 period of time prior to my surgery and leaving. Dr.
6 [REDACTED] was here, I'm going to say, through the fall of
7 2002 and the spring of 2003, that's when I recall him being
8 here.

9 And he would come to the sports medicine clinic
10 with me and observe the way I took care of patients. Since
11 he'd had some experience, we would always discuss diagnosis
12 and treatment. He would follow me into the operating room
13 and watch the cases, never scrubbed in. But during the time
14 he was watching, we would discuss, why are you doing it this
15 way and why are you doing it that way. And it was sort
16 of -- I believe it was intended to be sort of a refresher
17 course for Bill, part of which was to teach him better
18 people skills. I think that was his biggest failure.

19 He's a big gruff guy and I think he ran into
20 problems by the way he treated people, personally. And
21 then, I believe, that in addition to that his clinical --
22 his surgical skills were not as good as they could have
23 been. And you put those two things together and you have a
24 disaster. And because he was a former resident, Lubahn
25 allowed him to return for what I call the refresher course.